

CHILDREN'S ADMINISTRATION  
DOMESTIC VIOLENCE PERPETRATOR TREATMENT PROGRAM  
**APPLICATION FOR PROGRAM CERTIFICATION**

**The enclosed forms must be filled out completely.** Incomplete forms will not be accepted.

The application fee is **\$100.00**. Only those Staff Statement of Qualifications forms (DSHS 10-210) submitted with this application are accepted under this fee; the Department may charge an additional fee for adding documents.

Programs that do not meet the standards for certification will be notified by the Department as stated in WAC 388-60-0465 and WAC 388-60-0485.

**Mail completed application to:** Department of Social And Health Services (DSHS)  
Children's Administration  
Domestic Violence Perpetrator Treatment Program Certification  
PO Box 45710  
Olympia, WA 98504-5710

PROGRAM NAME				FAX NUMBER	
MAILING ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NUMBER
DIRECTOR'S NAME			E-MAIL CONTACT		

**LIST NAMES OF ALL DIRECT TREATMENT STAFF**

NAME	STAFF LEVEL REQUESTED	FOR DSHS USE ONLY	
		APPROVED	DATE

**NOTE:** The program must submit a completed and signed Staff Statement of Qualifications (DSHS 10-210) for each person listed above.

Our program complies with the following sections of Washington Administrative Code (WAC) 388-60 (If yes, check all applicable boxes.)

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|--|--|
| <input type="checkbox"/> WAC 388-60-0045           | Treatment focus  |
| <input type="checkbox"/> WAC 388-60-0075           | Treatment modality   |
| <input type="checkbox"/> WAC 388-60-0065 thru 0305 | Program policies and procedures                                |
| <input type="checkbox"/> WAC 388-60-0315 thru 0395 | Treatment staff qualifications                                 |
| <input type="checkbox"/> WAC 388-60-0405           | Orientation and continuing professional education requirements |
| <input type="checkbox"/> WAC 388-60-0425           | Knowledge of law and justice system practices                  |
| <input type="checkbox"/> WAC 388-60-0455           | Cooperation with domestic violence victim programs             |

Our program consents to on-site review of program files for the purpose of determining WAC compliance by DSHS staff responsible for certification of domestic violence perpetrator treatment programs.

☐ Yes ☐ No

**I certify under penalty of perjury that the information provided in this application for certification/ re-certification is true and correct. I understand that any material misrepresentation or misstatement of fact may result in sanctions, including the loss of program certification.**

DIRECTOR'S SIGNATURE	PRINT DIRECTOR'S NAME	DATE
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**FOR DEPARTMENT OF SOCIAL AND HEALTH SERVICES USE ONLY**

<b>Check deposited on:</b> _____ <b>Certified from</b> _____ <b>to</b> _____ MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR		
DSHS STAFF SIGNATURE		DATE